

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034678

1. Entity Name

NIKITA HOTELS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90066 033 ***158.75

Principal Place of Business

Mailing Address

5 QUEEN ANN COURT
ORMOND BEACH FL 32174

5 QUEEN ANN COURT
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

510 Lane Ave, South,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, Florida

Zip

Country

Zip

Country

32254

Duval

4. FEI Number

59-3511247

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, PANKAJ K
5 QUEEN ANN COURT
ORMOND BEACH FL 32174

Name

PATEL PANKAJ K.

Street Address (P.O. Box Number is Not Acceptable)

510 Lane Avenue, South,

City

JACKSONVILLE

FL

Zip Code

32254

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Pankaj Patel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
PATEL, PANKAJ K
5 QUEEN ANN COURT
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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PATEL, TRUPTI K
5 QUEEN ANN COURT
ORMOND BEACH FL 32174 ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pankaj Patel (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

9047860500